Weimer, Noreen

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E,	m	٠,	

Damico, Genevieve

Sent:

Wednesday, February 27, 2019 2:54 PM

То:

Ogulei, David; Marcus, Danny

Subject:

Attachments:

FW: Illinois EPA FOIA Response ATT00001.txt; 097190AFG exempt document list.pdf; 097190AFG Medline

application.pdf

Not that this application is relevant anymore.....

From: Dowson, Sharon <Sharon.Dowson@Illinois.gov>

Sent: Wednesday, February 27, 2019 2:44 PM

To: Damico, Genevieve <damico.genevieve@epa.gov>

Subject: Illinois EPA FOIA Response

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February 27, 2019

US EPA

Attn: Ms. Genevieve Damico

Re: Freedom of Information Act Request - 107498

Dear Ms. Damico:

This letter is in response to your Freedom of Information Act (FOIA) (5 ILCS 140/1 et seq.) request dated February 19, 2019 and received by the Illinois Environmental Protection Agency (Illinois EPA) on February 19, 2019.

After reviewing the Illinois EPA's files, and pursuant to Section 7 of FOIA and 2 Ill. Adm. Code 1828.202, the Illinois EPA has determined that some of the public records requested are exempt from disclosure under FOIA. A list of the public records that are exempt from disclosure will be enclosed, including a detailed factual basis for why an exemption is being claimed. Pursuant to Section 9.5 of FOIA and 2 Ill. Adm. Code 1828.505, you may file a request for review with the Public Access Counselor (PAC) established in the Office of the Attorney General no later than 60 days after the date of the Illinois EPA's final denial. Contact information for the PAC is as follows:

Sarah Pratt
Public Access Counselor
Office of the Attorney General
500 S. 2nd Street
Springfield, Illinois 62706

Phone: 312-814-5526 or 1-877-299-FOIA (1-877-299-3642)

Fax: 217-782-1396

E-mail: publicaccess@atg.state.il.us

You also have the right to seek judicial review of the denial of your request by filing a lawsuit in circuit court, pursuant to 5 ILCS 140/11.

The public records that are not exempt from disclosure are described below.

Requested Information – application 19020013

Medline Industries Inc Northpoint Services Div – 1160 S Northpoint Blvd, Waukegan

The records responsive to your request are attached.

Thank you for your patience in this matter.

Sincerely,

Anwar Johnson Illinois EPA

FOIA Officer 217.558.5101

http://www.epa.illinois.gov/foia/index

State of Illinois - CONFIDENTIALITY NOTICE: The information contained in this communication is confidential, may be attorney-client privileged or attorney work product, may constitute inside information or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.



Illinois EPA FOIA Exempt Document List

Agency ID: 170000103572

Media File Type: AIR

SID: 26164

Bureau ID: 097190AFG

Site Name: Medline Industries Inc Northpoint Services Div

Site Address1: 1160 S Northpoint Blvd

Site Address2:

Site City:

Waukegan

State: IL

Zip: 60085-6757

FOIA Exempt Records

Exempt Doc #:

4 Document Date:

2 /14/2019

Document Description:

CONTROL FOR NEGATIVE PRESSURE DIAGRAM AND

NARRATIVE PAGES 27-30

Category ID: 03M

Category Description:

Exempt Type: Portion Removed

Permit ID:

AIR PERMIT - CONSTRUCTION/JOINT

Date of Determination:

2 /26/2019

Exemption: 5 ILCS 140/7(1)(g)-CBI

Commercial or financial information obtained from a person or business where the trade secrets or commercial or financial information are furnished under a claim that they are proprietary, privileged or

confidential.

PENDING CLAIM

5 ILCS 140/7(1)(G)-TS

Trade secrets and commercial or financial information obtained from a person or

Staff: MED

business where the trade secrets or commercial or financial information are furnished under a claim that they are proprietary, privileged or confidential.

PENDING CLAIM

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	a				ī



Medline Industries, Inc. Three Lakes Drive Northfield, IL 60093

1.847.949.5500 1.800.MEDLINE (633.5463)

medline.com

097190 AFG

February 6, 2019

IEPA Bureau of Air P.O. Box 19506 Springfield, Illinois 62794-9506 STATE OF ILLINOIS
FEB 1 4 2019

Environmental Protection Agency
SUREAU OF AIR

Expedited Application

Dear Mr. Pilapil

Within this mailing are materials for Medline Industries, Inc. FESOP construction permit application for additional control devices related to ethylene oxide. Existing permit BOA ID number 097190 AFG.

List of documents included:

- -Construction permit application for a FESOP source, APC628, in duplicate
- -Form APC260, data and information on air pollution control equipment
- -Fee determination, form 197, for construction permit application
- -Process flow diagram
- -Project narrative

It is the intent of Medline Industries, Inc. to expedite the permit to construct process as soon as reasonably possible.

Thank you,

Jasper Titus

IEPA-DIVISION OF RECORDS MANAGEMENT

RELEASABLE

FEBRUARY 26, 2019

Director EHS





Illinois Environmental Protection Agency Division Of Air Pollution Control - Permit Section P.O. Box 19506 Springfield, Illinois 62794-9506

FEB 1 4 2019

Environmental Protection Agency

Construction Permit Application For a FESOP Source (FORM APC628)

For Illinois EPA	use only
BOA ID No.: 097	190 AFG
Application No.:	XX(3
Date Received:	

This form is to be used to supply information to obtain a construction permit for a proposed project involving a Federally Enforceable

State Operating Permit (FESOP) or information must accompany this for	State Operating Permit (FESOP) or Synthetic Minor source, including construction of a new FESOP source. Other necessary information must accompany this form as discussed in the "General Instructions For Permit Applications," Form APC-201			
	Proposed	Project		
Working Name of Propose Medline Industries (Wauk	egan), Division of North			
	res, provide BOA ID Nu	mber: <u>09719</u> 0	AFG	
	es, provide Permit Nun	nber:		
FESOP issued by the BO	A?		s be incorporated into an existing	
☑ No ☐ Yes If Y	es, provide Permit Nun	nber:		
landali di baliya da Mara Kabasa 1940.	Source Inf	ormation		
Source name:* Medline Industries		_		
 Source street address:* 1160 South Northpoint Bo 				
7. City: Waukegan	City: 9. Zip code: 60085			
ONLY COMPLI	ETE THE FOLLOWING FOR	A SOURCE WITHO	OUT AN ID NUMBER.	
Is the source located with If no, provide Township		Yes N	0	
11. Description of source and	11. Description of source and product(s) produced:			
13. Latitude (DD:MM:SS.SSSS): 14. Longitude (DD:MM:SS.SSSS):				
* If this information different than previous information, then complete a new Form 200-CAAPP to change the source name in initial FESOP application for the source or Form APC-620 for Air Permit Name and/or Ownership Change if the FESOP has been previously issued.				
Applicant Information				
15. Who is the applicant? ☑ Owner ☐ Oper	rator 🗵 (perator	
7. Applicant's FEIN: 18. Attention name and/or title for written correspondence: 36-2596612 Jasper Titus, Director EHS				

		Ourse a longe	n m bl. n m b	Marian Programme de di	
10	. Name:	Owner Infort	nation		
13	Medline Industries				
20	. Address: Three Lakes Drive				
21.	. City:	22. State:		23. Zip code	,
<u> </u>	Northfield	Illinois			60093
CA	this information different than previous APP Permit for an initial FESOP applic FESOP has been previously issued.				
	Operator	Information (If Di	fferent fron	n Owner)*	
24.	Name				
25.	Address:				
26.	City:	27. State:		28. Zip code:	
FES	this information different than previous SOP application for the source or Forn viously issued.				
	Tec	chnical Contacts f	or Applicat	ion	
29.	Preferred technical contact:	(check one) 🔀 Ap	plicant's conta	ct 🗌 Cor	sultant
30.	Applicant's technical contact	person for application:			
	Jasper Titus				
31.	Contact person's telephone i	number	32. Contact	oerson's emai	address:
	(847) 837 2784 jtitus@medline.com				
33.	Applicant's consultant for app	plication:		<u>,</u>	
	Uday Singh	•			
34.	4. Consultant's telephone number: 35. Consultant's email address:				
	(949) 697 1750 usingh0948@gmail.com				
um terior	er englyse til englyne at Maken skung an engelyge gegen og 📑 😿 florig	STATE OF THE STATE			
20		ew Of Contents of		ation	
30.	36. Is the emission unit covered by this application already ☐ Yes ☒ No				⊠ No
	If "yes", provide the date cons	struction was complete	d:		
	Note: The Illinois EPA is unable to issue a construction permit for a emission unit that has already been constructed.				
_	7. Does the application include a narrative description of the proposed Yes No				
38.	Does the application contain	a list or summary that	clearly identifie	9\$ ⊠ Vaa	[] No.
	the emission units and air pollution control equipment that are part Of the project?				
39.	Does the application include			ct 🛛 Yes	□ No
	showing new and modified en			₹7 1 C2	<u></u> 140
40	and related existing equipmer If the project is at a source th				
	permit from the BOA, does th			☐ Yes	⊠ No
	description, plot plan and site				

Review Of Contents of the Application (co	ontinued)
41. Does the application include relevant information for the proposed project as requested on Illinois EPA, BOA application forms (or otherwise contain all the relevant information)?	⊠ Yes □ No
 42. Does the application identify and address all applicable or potentially applicable emissions standards, including: a. State emission standards (35 IAC Chapter I, Subtitle B); b. Federal New Source Performance Standards (40 CFR Part 60); c. Federal standards for HAPs (40 CFR Parts 61 and 63)? 	⊠ Yes □ No
43. Does the application address whether the proposed project or the source could be a major project for Prevention of Significant Deterioration (PSD), 40 CFR 52.21?	☐ Yes ☐ No 区 N/A
44. Does the application address for which pollutant(s) the proposed project or the source could be a major project for PSD, 40 CFR 52.21?	☐ Yes ☐ No ☑ N/A
45. Does the application address whether the proposed project or the source could be a major project for "Nonattainment New Source Review," (NA NSR), 35 IAC Part 203?	☐ Yes ☐ No 🖾 N/A
46. Does the application address for which pollutant(s) the proposed project or the source could be a major project for NA NSR, 35 IAC Part 203?	☐ Yes ☐ No ☒ N/A
47. Does the application address whether the proposed project or the source could potentially be subject to federal Maximum Achievable Control Technology (MACT) standard under 40 CFR Part 63 for Hazardous Air Pollutants (HAP) and identify the standard that could be applicable?	☐ Yes ☐ No ☒ N/A* * Source not major ☒ Project not major ☒
48. Does the application identify the HAP(s) from the proposed project or the source that would trigger the applicability of a MACT standard under 40 CFR Part 63?	☐ Yes ☐ No ☒ N/A
49. Does the application include a summary of the current and the future potential emissions of the source after the proposed project has been completed for each criteria air pollutant and/or HAP (tons/year)?	Yes No No NA* * Applicability of PSD, NA NSR or 40 CFR 63 not applicable to the source's emissions.
50. Does the application include a summary of the requested permitted annual emissions of the proposed project for the new and modified emission units (tons/year)?	Yes No N/A* * Project does not involve an increase in emissions from new or modified emission units.
51. Does the application include a summary of the requested permitted production, throughput, fuel, or raw material usage limits that correspond to the annual emissions limits of the proposed project for the new and modified emission units?	Yes No No N/A* * Project does not involve an increase in emissions from new or modified emission units.
52. Does the application include sample calculations or methodology for the emission estimations and the requested emission limits?	☐ Yes ☒ No
53. Does the application address the relationships with and implications of the proposed project for the source's FESOP?	Yes No N/A*
54. If the application contains information that is considered a TRADE SECRET, has such information been properly marked and claimed and other requirements to perfect such a claim been satisfied in accordance with 35 IAC Part 130?	Yes No No N/A* * No information in the application is claimed to be a TRADE SECRET
Note: "Claimed information will not be legally protected from disclosure to the public if it is not properly claimed or does not qualify as trade secret information.	

Review Of Contents of the A	pplication (continued)		
55. If the source is located in a county other than Cook separate copies of this application being submitted?	, · A res L No		
56. If the source is located in Cook County, are three se of this application being submitted?	Yes No		
57. Does the application include a completed "FEE DET FOR CONSTRUCTION PERMIT APPLICATION," F for the emission units and control equipment for white construction or modification is being sought?	orm 197-FEE,		
58. Does the application include a check in the proper a payment of the Construction permit fee?	amount for ⊠ Yes □ No		
Note: Answering "No" to Items 36 through 58 may result	in the application being deemed incomplete.		
Signature E	Slock		
Pursuant to 35 IAC 201.159, all applications and suppler operator of the source, or their authorized agent, and shaign the application. Applications without a signed certification.	all be accompanied by evidence of authority to		
59. Authorized Signature:			
I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate and complete and that I am a responsible official for the source, as defined by Section 39.5(1) of the Environmental Protection Act. In addition, the technical contact person identified above is authorized to submit (by hard copy and/or by electronic copy) any supplemental information related to this application that may be requested by the Illinois EPA.			
BY: Jasper Sites	Director EHS		
AUTHORIZED SIGNATURE	TITLE OF SIGNATORY		
Jasper Titus	February 6, 2019		
TYPED OR PRINTED NAME OF SIGNATORY	DATE		

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF AIR POLLUTION CONTROL 1021 NORTH GRAND AVENUE, EAST SPRINGFIELD ILLINOIS 62702

SPRINGFIELD, ILLINOIS 6270	2	Page of		
* DATA AND INFORMATION				
AIR POLLUTION CONTROL EQUIPMENT				

THIS INFORMATION FORM IS TO BE COMPLETED FOR AN EMISSION SOURCE OTHER THAN A FUEL COMBUSTION EMISSION SOURCE OR AN
INCINERATOR. A FUEL COMBUSTION EMISSION SOURCE IS A FURNACE, BOILER, OR SIMILAR EQUIPMENT USED PRIMARILY FOR
PRODUCING HEAT OR POWER BY INDIRECT HEAT TRANSFER. AN INCINERATOR IS AN APPARATUS IN WHICH REFUSE IS BURNED.

NAME OF OWNER: Medline Industries	2. NAME OF CORPORATE DIVISION OR PLANT (IF DIFFERENT FROM OWNER):
3. STREET ADDRESS OF CONTROL EQUIPMENT: 1160 South Northpoint Boulevard	4. CITY OF CONTROL EQUIPMENT Waukegan IL 60085
5. NAME OF CONTROL EQUIPMENT OR CONTROL SYSTEM: AAT Safe- Cell Dry Bed Aeration	

INSTRUCTIONS

- 1. COMPLETE THE ABOVE IDENTIFICATION SECTION.
- 2. COMPLETE THE APPROPRIATE SECTION FOR THE UNIT OF CONTROL EQUIPMENT, OR THE APPROPRIATE SECTIONS FOR THE CONTROL SYSTEM. BE CERTAIN THAT THE ARRANGEMENT OF VARIOUS UNITS IN A CONTROL SYSTEM IS MADE CLEAR IN THE PROCESS FLOW DIAGRAM.
- 3. COMPLETE PAGE 6 OF THIS FORM, EMISSION INFORMATION AND EXHAUST POINT INFORMATION
- 4. EFFICIENCY VALUES SHOULD BE SUPPORTED WITH A DETAILED EXPLANATION OF THE METHOD OF CALCULATION, THE MANNER OF ESTIMATION, OR THE SOURCE OF INFORMATION. REFERENCE TO THIS FORM ANY RELEVANT INFORMATION OR EXPLANATION INCLUDED IN THIS PERMIT APPLICATION.
- 5. EFFICIENCY VALUES AND CERTAIN OTHER ITEMS OF INFORMATION ARE TO BE GIVEN FOR AVERAGE AND MAXIMUM OPERATION OR THE SOURCE EQUIPMENT. FOR EXAMPLE, "MAXIMUM EFFICIENCY" IS THE EFFICIENCY OF THE CONTROL EQUIPMENT WHEN THE SOURCE IS AT MAXIMUM OPERATION, AND "AVERAGE FLOW RATE" IS THE FLOW RATE INTO HE CONTROL EQUIPMENT WHEN THE SOURCE IS AT AVERAGE OPERATION.
- 6. FOR GENERAL INFORMATION REFER TO "GENERAL INSTRUCTIONS FOR PERMIT APPLICATIONS," APC-201.

DEFINITIONS

AVERAGE - THE VALUE THAT <u>SUMMARIZES</u> OR <u>REPRESENTS</u> THE <u>GENERAL CONDITION</u> OF THE <u>EMISSION SOURCE</u>, OR THE GENERAL STATE OF PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY:

AVERAGE OPERATION - OPERATION TYPICAL OF THE PRECEDING TWELVE MONTH PERIOD, AS REPRESENTED BY AVERAGE OPERATING TIME AND AVERAGE RATES.

MAXIMUM - THE GREATEST VALUE <u>ATTAINABLE</u> OR <u>ATTAINED</u> FOR THE <u>EMISSION SOURCE</u>, OR THE PERIOD OF GREATEST OR UTMOST PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY:

MAXIMUM OPERATION - GREATEST EXPECTED OPERATION, AS REPRESENTED BY MAXIMUM OPERATING TIME AND MAXIMUM RATES

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 11: 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

	Page of			
ADSORPTION UNIT				
FLOW DIAGRAM DESIGNATION(S) OF ADSORPTION UNIT: Aero	FLOW DIAGRAM DESIGNATION(S) OF ADSORPTION UNIT: Aeration Dry Bed			
MANUFACTURER: Advanced Air Technologies, Inc.	3. MODEL NAME AND NUMBER: Safe- Cell II Model DR- 490A			
4. ADSORBENT: ACTIVATED CHARCOAL: TYPE				
5 ADSORBATE(S): Ethylene Oxide				
6. NUMBER OF BEDS PER UNIT: 10	7. WEIGHT OF ABSORBENT PER BED: 950 LB			
8. DIMENSIONS OF BED: THICKNESS 18 x 2 bd in, SURFACE AREA 2368 ea s	QUARE IN			
9. INLET GAS TEMPERATURE: 68 °F	9. PRESSURE DROP ACROSS UNIT: 3 INCH H ₂ O GAUGE			
II. TYPE OF REGENERATION: REPLACEMENT STEAM OTHER: SPECIFY New replace				
12. METHOD OF REGENERATION: ALTERNATE USE OF ENTIRE UNITS ALTERNATE USE OF BEDS IN A SINGLE UNIT SOURCE SHUT DOWN				
AVERAGE OPERATION OF SOURCE MAXIMUM OPERATION OF SOURCE				
TIME ON LINE BEFORE REGENERATION: varies MIN/BED	15. TIME ON LINE BEFORE REGENERATION: Varies MIN/BED			
14. EFFICIENCY OF ABSORBER (SEE INSTRUCTION 4): 99 vendor % 16. EFFICIENCY OF ABSORBER (SEE INSTRUCTION 4): 99 vendor %				

AFTERBURNER				
1. FLOW DIAGRAM DESIGNATION(S) OF AFTERBURNER:				
2. MANUFACTURER:	3. MODEL NAME AND NUMBER:			
4. COMBUSTION CHAMBER DIMENSIONS: LENGTH IN, CROSS-SECTIONAL AREA SQUARE IN				
'5. INLET GAS TEMPÉRATURE: . °F	7. FUEL: GAS OIL: SULFUR WT%			
6. OPERATING TEMPERATURE OF COMBUSTION CHAMBER: *F	8. BURNERS PER AFTERBURNER: @BTU/HR EACH			
9. CATALYST USED: NO YES: DESCRIBE CATALYST				
10. HEAT EXCHANGER USED: NO YES: DESCRIBE HEAT EXCHANGER				
AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE			
11. GAS FLOW RATE: SCFM	13. GAS FLOW RATE: SCFM			
12. EFFICIENCY OF AFTERBURNER (SEE INSTRUCTION 4): %	14. EFFICIENCY OF AFTERBURNER (SEE INSTRUCTION 4): %			

-	AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE		
	7. GAS FLOW RATE: SCFM	9. GAS FLOW RATE; SCFM		
	8 EFFICIENCY OF CYCLONE (SEE INSTRUCTION 4):	10. EFFICIENCY OF CYCLONE (SEE INSTRUCTION 4):		

PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PR		SOURCE INCOME THE CONTROL OF THE CON				Page	of
		COND	ENS	ER			
1.	FLOW DIAGRAM DESIGNATION(S) OF CON	DENSER					
2	MANUFACTURER:	3. MODEL NAME AN	D NI	UMBER:	4. HEAT EXCHANG	E AREA:	FT²
	AVERAGE OPERATION OF SO	URCE		MAXIM	UM OPERATION OF S	OURCE	
5. COOLANT FLOW RATE PER CONDENSER:		10	COOLANT FLOW RA	TE PER CONDENSER			
	WATER GPM AIR OTHER: TYPE FLOW RATE	SCFM		WATER	GPM AIR		i
6. GAS FLOW RATE: SCFM		13	GAS FLOW RATE:			SCFM	
7.	COOLANT TEMPERATURE: 8 GAS TO INLET	EMPERATURE: "F OUTLET "F	12	COOLANT TEMPERA	l l	TEMPERATUI	RE:
9.	EFFICIENCY OF CONDENSER (SEE INSTRUC	CTION 4)	14	EFFICIENCY OF CON		- Control of the Cont	
		**	<u> </u>				%
				mana-universal managament meneral mener			
		•ELECTRICAL	Autorities (Com	CIPITATOR			
l.	FLOW DIAGRAM DESIGNATION(S) OF ELEC	CTRICAL PRECIPITATOR					
2.	MANUFACTURER:		3.	MODEL NAME AND	NUMBER:	· · · · · · · · · · · · · · · · · · ·	
4.	COLLECTING ELECTRODE AREA PER CON	TROL DEVICE:	J		······································		FT
	AVERAGE OPERATION OF SO	URCE		MAXIM	UM OPERATION OF S	OURCE	
5.	GAS FLOW RATE:	SCFM	7.	GAS FLOW RATE.			SCFM
6.	EFFICIENCY OF ELECTRICAL PRECIPITATO	PR(SEE INSTRUCTION 4):	8.	EFFICIENCY OF ELE	CTRICAL PRECIPITAT	OR(SEE INST	RUCTION 4):
	SUBMIT THE MANUFACTURER'S SPECIFICAT	TIONS FOR THE ELECTRI	CAL	PRECIPITATOR REFE	RENCE THE INFORM	ATION TO TH	IS FORM.
MI SP	ECTRICAL PRECIPITATORS VARY GREATLY INIMUM AMOUNT OF INFORMATION. THE A ECIFICATIONS, INCLUDING ANY DRAWINGS ECIFICATIONS IS INSUFFICIENT FOR FULL A	PPLICANT MUST, HOWE S, TECHNICAL DOCUMEN	VER VTS,	, SUBMIT WITH THIS A	PPLICATION THE MA	NUFACTURE THE MANUFA	R'S CTURER'S
		FILTE	R UN	IIT			
1.	FLOW DIAGRAM DESIGNATION(S) OF FILT	ER UNIT.				**************************************	
2	MANUFACTURER		3.	MODEL NAME AND	NUMBER:	M MANAGEMENT	
4.	FILTERING MATERIAL:		5.	FILTERING AREA	······································		^ह ान
6.	CLEANING METHOD SHAKER REVERSE AIR PULS	EAIR PULSE JET		OTHER: SPECIFY	, , , , , , , , , , , , , , , , , , ,		
7.	GAS COOLING METHOD: DUCT WORK:				V.	- parter billion .	
	☐ BLEED-IN AIR ☐ WATER SPRAY ☐	OTHER SPECIFY		STANDON STANDON STANDON			
	AVERAGE OPERATION OF SOI	JRCE		MAXIM	UM OPERATION OF S	OURCE	
8.	GAS FLOW RATE (FROM SOURCE):	SCFM	12.	GAS FLOW RATE (FF	OM SOURCE):	<u> </u>	SCFM
Ģ.	GÁS COOLING FLOW RATE: BLEED-IN AIR SCFM, WATER SPR	AY GPM	13,	GAS COOLING FLOW BLEED-IN AIR	/ RATE: SCFM, WATER S	PRAY	
10.	INLET GAS CONDITION: TEMPERATURE*F DEWPOINT		14.	INLET GAS CONDITI			
H.	EFFICIENCY OF FILTER UNIT (SEE INSTRUC		15	EFFICIENCY OF FILT			

		· · · · · · · · · · · · · · · · · · ·	Page of				
ŧ	SCRI	JBBER					
1.	FLOW DIAGRAM DESIGNATION(S) OF SCRUBBER:						
,	MANUFACTURER:	1 3 MODEL NAME AND NU	MRER				
2.	MANUFACTOREK:	J: MODELL STATE COMMISSION	Page 1				
4.	TYPE OF SCRUBBER:						
Ĺ	HIGH ENERGY: GAS STEAM PRESSURE DROPINC	CH H₂O					
١	PACKED: PACKING TYPE PACKING SIZE	, PACKING HEIGHT	IN				
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֡֡֓֓֓֡֓֡							
L	SPRAY: NUMBER OF NOZZLES, NOZZLE PRESSU	REPSIG					
	OTHER SPECIFY ATTACH DESCRIPTION AND SK	ETCH WITH DIMENSIONS					
\$. 	TYPE OF FLOW: COCURRENT COUNTERCURRENT CROSSFLOW						
6.	SCRUBBER GEOMETRY:						
	LENGTH IN DIRECTION OF GAS FLOW IN., CROSS-SE	CTIONAL AREA	_ SQUARE IN				
7.	CHEMICAL COMPOSITION OF SCRUBBANT:	•					
	AVERAGE OPERATION OF SOURCE	MAXIMUM	1 OPERATION OF SOURCE				
8.	SCRUBBANT FLOW RATE:	12 SCRUBBANT FLOW RAT					
u.	GPM GPM		GPM				
9.	GAS FLOW RATE: SCFM	13. GAS FLOW RATE:	SCFM				
10.	INLET GAS TEMPERATURE:	14. INLET GAS TEMPERATI					
	°F						
11.	EFFICIENCY OF SCRUBBER (SEE INSTRUCTION 4):	15. EFFICIENCY OF SCRUB	BER (SEE INSTRUCTION 4): LATE % GASEOUS				
	% PARTICULATE% GASEOUS	ACCORDING TO FARTICO	LATEAUGICOU				
	OWNER OF OC						
,		EQUIPMENT					
1,	FLOW DIAGRAM DESIGNATION(S) OF OTHER TIFE OF CONTROL	EQUIPALEM 1.	FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CONTROL EQUIPMENT:				
2.	GENERIC NAME OF "OTHER" EQUIPMENT: 3. MANUFACTURE						
		R: 4.	MODEL NAME AND NUMBER:				
<u> </u>	DESCRIPTION AND SVETCH WITH DIMENSIONS AND SLOW PATES		MODEL NAME AND NUMBER:				
5.	DESCRIPTION AND SKETCH, WITH DIMENSIONS AND FLOW RATES		MODEL NAME AND NUMBER:				
5.	DESCRIPTION AND SKETCH, WITH DIMENSIONS AND FLOW RATES		MODEL NAME AND NUMBER:				
5.:	DESCRIPTION AND SKETCH, WITH DIMENSIONS AND FLOW RATES		MODEL NAME AND NUMBER:				
5.	DESCRIPTION AND SKETCH, WITH DIMENSIONS AND FLOW RATES		MODEL NAME AND NUMBER:				
5.	DESCRIPTION AND SKETCH, WITH DIMENSIONS AND FLOW RATES		MODEL NAME AND NUMBER:				
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5.	DESCRIPTION AND SKETCH, WITH DIMENSIONS AND FLOW RATES		MODEL NAME AND NUMBER:				
5.	DESCRIPTION AND SKETCH, WITH DIMENSIONS AND FLOW RATES		MODEL NAME AND NUMBER:				
5.	DESCRIPTION AND SKETCH, WITH DIMENSIONS AND FLOW RATES		MODEL NAME AND NUMBER:				
5.	DESCRIPTION AND SKETCH, WITH DIMENSIONS AND FLOW RATES		MODEL NAME AND NUMBER:				
5.	DESCRIPTION AND SKETCH, WITH DIMENSIONS AND FLOW RATES		MODEL NAME AND NUMBER:				
5.	DESCRIPTION AND SKETCH, WITH DIMENSIONS AND FLOW RATES		MODEL NAME AND NUMBER:				
5.		, OF "OTHER" EQUIPMENT					
	AVERAGE OPERATION OF SOURCE	, OF "OTHER" EQUIPMENT	MODEL NAME AND NUMBER:				
6.		MAXIMUM 8 FLOW RATES GPI	I OPERATION OF SOURCE				

			rage of
		EMISSION INFORMATI	ИОП
I. NUMBER OF ID	ENTICAL CONTROL UNITS OR	CONTROL SYSTEMS (DESCRIBE	E AS REQUIRED):
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AVERAGE OPERATIO	N .
CONTAMINANT		ISSION RATE PER IDENTICAL OR CONTROL SYSTEM	METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	2a. GR/SCF	b. LB/HR	c
CARBON MONOXIDE	3a. PPM (VOL)	b LB/HR	C.
NITROGEN OXIDES	4a. PPM (VOL)	b. LB/HR	C.
ORGANIC MATERIAL	Sa PPM <30 (VOL)	b. LB/HR	c. Measured
SULFUR DIOXIDE	6a PPM (VOL)	b. LB/HR	C.
**OTHER (SPECIFY)	7a PPM (VOL)	b. LB/HR	C
		MAXIMUM OPERATIO	
CONTAMINANT		ISSION RATE PER IDENTICAL OR CONTROL SYSTEM	METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	8a. GR/SCF	b. LB/HR	c.
CARBON MONOXIDE	9a. PPM (VOL)	b. LB/HR	¢.
NITROGEN OXIDES	10a. PPM (VOL)	b. LB/HR	C
ORGANIC MATERIAL	11a. <50 PPM (VOL)	b LB/HR	c. Measured
SULFUR DIOXIDE	12a. PPM (VOL)	b. LB/HR	C.
**OTHER (SPECIFY)	13a. PPM (VOL)	b. LB/HR	c .

^{**&}quot;OTHER" CONTAMINANT SHOULD BE USED FOR AN AIR CONTAMINANT NOT SPECIFICALLY NAMED ABOVE POSSIBLE OTHER CONTAMINANTS ARE ASBESTOS, BERYLLIUM, MERCURY, VINYL CHLORIDE, LEAD, ETC.

	EXHAUST POIN				
1.	I. FLOW DIAGRAM DESIGNATION(S) OF EXHAUST POINT: AAT Aeration				
2:	DESCRIPTION OF EXHAUST POINT (LOCATION IN RELATION TO B Top of housing	JIL.DI	NGS, DIRECTION, HOODING, ETC.):		
3.	EXIT HEIGHT ABOVE GRADE: 78"	4.	EXIT DIAMETER: 14"		
S.	GREATEST HEIGHT OF NEARBY BUILDINGS: 30 ft	6.	EXIT DISTANCE FROM NEAREST PLANT BOUNDARY: 100 ft		
***********	AVERAGE OPERATION	T	MAXIMUM OPERATION		
7.	EXIT GAS TEMPERATURE: 68 °F	9.	EXIT GAS TEMPERATURE 68°F		
8.	GAS FLOW RATE THROUGH EACH EXIT: 20,000 ACFM	10	GAS FLOW RATE THROUGH EACH EXIT: 20,000 ACFM		

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF AIR POLLUTION CONTROL 1021 NORTH GRAND AVENUE, EAST SPRINGFIELD, ILLINOIS 62702

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* DATA AND INFORMATION

AIR POLLUTION CONTROL EQUIPMENT

* THIS INFORMATION FORM IS TO BE COMPLETED FOR AN EMISSION SOURCE OTHER THAN A PUEL COMBUSTION EMISSION SOURCE OR AN INCINERATOR. A FUEL COMBUSTION EMISSION SOURCE IS A FURNACE, BOILER, OR SIMILAR EQUIPMENT USED PRIMARILY FOR PRODUCING HEAT OR POWER BY INDIRECT HEAT TRANSFER. AN INCINERATOR IS AN APPARATUS IN WHICH REFUSE IS BURNED.

NAME OF OWNER: Medline Industries	2. NAME OF CORPORATE DIVISION OR PLANT (IF DIFFERENT FROM OWNER):
3. STREET ADDRESS OF CONTROL EQUIPMENT: 1160 South Northpoint Boulevard	4. CITY OF CONTROL EQUIPMENT Waukegan IL 60085
5. NAME OF CONTROL EQUIPMENT OR CONTROL SYSTEM: Additional Sterilizer AAT Dry Bed	

INSTRUCTIONS

- 1. COMPLETE THE ABOVE IDENTIFICATION SECTION.
- 2 COMPLETE THE APPROPRIATE SECTION FOR THE UNIT OF CONTROL EQUIPMENT, OR THE APPROPRIATE SECTIONS FOR THE CONTROL SYSTEM. BE CERTAIN THAT THE ARRANGEMENT OF VARIOUS UNITS IN A CONTROL SYSTEM IS MADE CLEAR IN THE PROCESS FLOW DIAGRAM.
- 30 COMPLETE PAGE 6 OF THIS FORM, EMISSION INFORMATION AND EXHAUST POINT INFORMATION
- 4. EFFICIENCY VALUES SHOULD BE SUPPORTED WITH A DETAILED EXPLANATION OF THE METHOD OF CALCULATION, THE MANNER OF ESTIMATION, OR THE SOURCE OF INFORMATION. REFERENCE TO THIS FORM ANY RELEVANT INFORMATION OR EXPLANATION INCLUDED IN THIS PERMIT APPLICATION.
- 5. EFFICIENCY VALUES AND CERTAIN OTHER ITEMS OF INFORMATION ARE TO BE GIVEN FOR AVERAGE AND MAXIMUM OPERATION OR THE SOURCE EQUIPMENT. FOR EXAMPLE, "MAXIMUM EFFICIENCY" IS THE EFFICIENCY OF THE CONTROL EQUIPMENT WHEN THE SOURCE IS AT MAXIMUM OPERATION, AND "AVERAGE FLOW RATE" IS THE FLOW RATE INTO HE CONTROL EQUIPMENT WHEN THE SOURCE IS AT AVERAGE OPERATION.
- FOR GENERAL INFORMATION REFER TO "GENERAL INSTRUCTIONS FOR PERMIT APPLICATIONS," APC-201.

DEFINITIONS

AVERAGE - THE VALUE THAT <u>SUMMARIZES</u> OR <u>REPRESENTS</u> THE <u>GENERAL CONDITION</u> OF THE <u>EMISSION SOURCE</u>, OR THE GENERAL STATE OF PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY:

AVERAGE OPERATION - OPERATION TYPICAL OF THE PRECEDING TWELVE MONTH PERIOD, AS REPRESENTED BY AVERAGE OPERATING TIME AND AVERAGE RATES.

MAXIMUM - THE GREATEST VALUE <u>ATTAINABLE</u> OR <u>ATTAINED</u> FOR THE <u>EMISSION SOURCE</u>. OR THE PERIOD OF GREATEST OR UTMOST PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY:

MAXIMUM OPERATION - GREATEST EXPECTED OPERATION, AS REPRESENTED BY MAXIMUM OPERATING TIME AND MAXIMUM RATES.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 11/12, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

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ADSORI	TINU NOIT
I. FLOW DIAGRAM DESIGNATION(S) OF ADSORPTION UNIT: Ado	led AAT dry Bed
MANUFACTURER: Advanced Air Technologies, Inc.	3. MODEL NAME AND NUMBER AAT DR 490A
4. ADSORBENT: ACTIVATED CHARCOAL: TYPE	OTHER: SPECIFY 25SCC2RE reac
5. ADSORBATE(S): Ethylene Oxide	
6. NUMBER OF BEDS PER UNIT: 10	7. WEIGHT OF ABSORBENT PER BED: 950 LB
8. DIMENSIONS OF BED: THICKNESS 18 x 2 bd in, SURFACE AREA 2369 ea s	QUARE IN
9. INLET GAS TEMPERATURE: 68 °F	9 PRESSURE DROP ACROSS UNIT: 3 INCH H₂O GAUGE
11. TYPE OF REGENERATION: REPLACEMENT STEAM OTHER SPECIFY New re	place
12. METHOD OF REGENERATION: ALTERNATE USE OF ENTIRE UNITS SOURCE SHUT DOWN \(\beta\) OTHER DESCRIBE	ALTERNATE USE OF BEDS IN A SINGLE UNIT
AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
13. TIME ON LINE BEFORE REGENERATION: varies MIN/BED	15. TIME ON LINE BEFORE REGENERATION: Varies MIN/BED
14. EFFICIENCY OF ABSORBER (SEE INSTRUCTION 4): 99 vendor %	16. EFFICIENCY OF ABSORBER (SEE INSTRUCTION 4): 99 vendor %

-communic	AFTE	BUI	RNER
1.	FLOW DIAGRAM DESIGNATION(S) OF AFTERBURNER:		
2.	MANUFACTURER	3	MODEL NAME AND NUMBER:
4.	COMBUSTION CHAMBER DIMENSIONS: LENGTH IN, CROSS-SECTIONAL AREA		SQUARE IN
5,	INLET GAS TEMPERATURE: °F	7	FUEL GAS OIL SULFUR WT%
6.	OPERATING TEMPERATURE OF COMBUSTION CHAMBER: *F	8	BURNERS PER AFTERBURNER BTU/HR EACH
9.	CATALYST USED: NO YES: DESCRIBE CATALYST		
10.	HEAT EXCHANGER USED: NO YES: DESCRIBE HEAT EXCHANGER	**************************************	
	A VERAGE OPERATION OF SOURCE		MAXIMUM OPERATION OF SOURCE
	GAS FLOW RATE SCFM	1	3. GAS FLOW RATE: SCFM
12.	EFFICIENCY OF AFTERBURNER (SEE INSTRUCTION 4).	1	4. EFFICIENCY OF AFTERBURNER (SEE INSTRUCTION 4):

	CYCLONE.
I: FLOW DIAGRAM DESIGNATION(S) OF CYCLONE:	CYCLONE
The brace of	
2 MANUFACTURER;	3. MODEL:
4. TYPE OF CYCLONE:	5. NUMBER OF CYCLONES IN EACH MULTIPLE CYCLONE:
4. TYPE OF CYCLONE: SIMPLE MULTIPLE	5. NUMBER OF CICLORES IN EACH MODIFIE CICLORE.
6. DIMENSION THE APPROPRIATE SKETCH (IN INCHES) OR PROV	IDE A DRAWING WITH EQUIVALENT INFORMATION:
TANGENTIAL INLET CYCLONE	AXIAL INLET CYCLONE (INDIVIDUAL CYCLONE OF MULTIPLE CYCLONE)
GAS OUT	
GAS IN SECTION	GAS OUT GAS IN VANE ANGLE DEGREES T TO SCALE
AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
7. GAS FLOW RATE:	9. GAS FLOW RATE:
SCF	M SCFM
8 EFFICIENCY OF CYCLONE (SEE INSTRUCTION 4):	10. EFFICIENCY OF CYCLONE (SEE INSTRUCTION 4):

-						Page	of
		COND	ENS	ER	QUID BUILD BUILD		
1.	FLOW DIAGRAM DESIGNATION(S) OF COM	IDENSER:		Section 1997	OCCUPANT AND		- AND STATE OF THE
2.	MANUFACTURER:	3. MODEL NAME AN	D NL	IMBER:	4. HEAT	EXCHANGE AREA	FT ²
	AVERAGE OPERATION OF SC	URCE		MAXIM	IUM OPERA	TION OF SOURCE	
5.	COOLANT FLOW RATE PER CONDENSER: WATER GPM AIR OTHER: TYPE, FLOW RATE	SCFM	10	COOLANT FLOW RA WATEROTHER: TYPE	GPM A	NDENSER AIR SCFA LOW RATE	4
6.	GAS FLOW RATE:	SCFM	1).	GAS FLOW RATE			SCFM
7.	_	EMPERATURE "F OUTLET"F	B .	COOLANT TEMPERAINLET °F OUTL		13. GAS TEMPERATU INLET°F OU'	
9.	EFFICIENCY OF CONDENSER (SEE INSTRU	CTION 4): *%	14.	EFFICIENCY OF CON	idenser (S	SEE INSTRUCTION 4)	%
	A William Commence of the Comm	and the second of the second o	element of the second		***************************************		Orania de la composición del composición de la c
		*ELECTRICAL	PRE	CIPITATOR		MA MARINE CONTRACTOR C	
1.	FLOW DIAGRAM DESIGNATION(S) OF ELE	CTRICAL PRECIPITATOR					
2.	MANUFACTURER.	The state of the s	3.	MODEL NAME AND	NUMBER:		V William Carlot
4.	COLLECTING ELECTRODE AREA PER CON	TROL DEVICE				PHONE SCHOOL STATE OF THE STATE	FT²
	AVERAGE OPERATION OF SO	URCE			UM OPERA	TION OF SOURCE	
5.	GAS FLOW RATE:	SCFM	7.	GAS FLOW RATE:			SCFM
6.	EFFICIENCY OF ELECTRICAL PRECIPITATO	OR(SEE INSTRUCTION 4): %	8.	EFFICIENCY OF ELE	CTRICAL P	RECIPITATOR(SEE INST	RUCTION 4): %
	SUBMIT THE MANUFACTURER'S SPECIFICA	TIONS FOR THE ELECTRI	CAL	PRECIPITATOR REFE	RENCE TH	E INFORMATION TO TH	IIS FORM.
MI SP	ECTRICAL PRECIPITATORS VARY GREATLY INIMUM AMOUNT OF INFORMATION. THE A PECIFICATIONS, INCLUDING ANY DRAWING PECIFICATIONS IS INSUFFICIENT FOR FULL A	APPLICANT MUST, HOWE S, TECHNICAL DOCUMEN	VER VTS, I	SUBMIT WITH THIS A	PPLICATION PRO	ON THE MANUFACTURE VIDED BY THE MANUF	R'S ACTURER'S
		FILTE	R UN	ΙΤ	4		
ì.	FLOW DIAGRAM DESIGNATION(S) OF FILT	ER UNIT:					
2.	MANUFACTURER		3.	MODEL NAME AND	NUMBER:		
4.	FILTERING MATERIAL:		5.	FILTERING AREA:			FT°
6.	CLEANING METHOD: SHAKER REVERSE AIR PULS	SE AIR PULSE JET		OTHER SPECIFY			
7.	GAS COOLING METHOD: DUCT WORK	LENGTH	FI., I	OLAMI	V.		
	☐ BLEED-IN AIR ☐ WATER SPRAY ☐	OTHER: SPECIFY	grinden and a				
	AVERAGE OPERATION OF SO	URCE		MAXIM	UM OPERA	TION OF SOURCE	
8.	GAS FLOW RATE (FROM SOURCE)	SCFM	12.	GAS FLOW RATE (FF	OM SOUR	CE):	SCFM
9.	GAS COOLING FLOW RATE BLEED-IN AIR SCFM, WATER SP	RAY GPM	13.	GAS COOLING FLOV BLEED-IN AIR		WATER SPRAY	GPM
10.	INLET GAS CONDITION: TEMPERATURE "F DEWPOINT	%F	14.	INLET GAS CONDITI		EWPOINT	
11.	EFFICIENCY OF FILTER UNIT (SEE INSTRU		15	EFFICIENCY OF FILT			

		Page_	of
	SCRU	JBBER	
ī.	FLOW DIAGRAM DESIGNATION(S) OF SCRUBBER:		
,	, a see a se		
2.	MANUFACTURER:	3. MODEL NAME AND NUMBER:	
4.	TYPE OF SCRUBBER:		
	HIGH ENERGY: GAS STEAM PRESSURE DROPINC	CH H ₂ O	
	PACKED: PACKING TYPEPACKING SIZE	PACKING HEIGHT IN	Ì
ŀ	PACKED. PACKING LIFE		
	SPRAY: NUMBER OF NOZZLES, NOZZLE PRESSUI	REPSIG	
	OTHER: SPECIFY ATTACH DESCRIPTION AND SK	CETCH WITH DIMENSIONS	
S.	TYPE OF FLOW: COCURRENT COUNTERCURRENT CROSSFLOW		
6.	SCRUBBER GEOMETRY:		
0.	LENGTH IN DIRECTION OF GAS FLOWIN., CROSS-SE	ECTIONAL AREA SQUARE IN	
7.			
, ·	CHEMICAL COM OUTTON OF DONOUS INC.		
-	AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE	
8.	SCRUBBANT FLOW RATE:	12. SCRUBBANT FLOW RATE:	
a.	GPM	TE. BORODOMATIDO WARES.	GPM
9	GAS FLOW RATE:	13. GAS FLOW RATE:	
	SCFM		SCFM
10.	INLET GAS TEMPERATURE:	14. INLET GAS TEMPERATURE:	
	•F		°F
11.	EFFICIENCY OF SCRUBBER (SEE INSTRUCTION 4).	15: EFFICIENCY OF SCRUBBER (SEE INSTRUCTION 4):	
	% PARTICULATE % GASEOUS	% PARTICULATE % GASEO	JS
	OTHER TYPE OF CO	NTROL EQUIPMENT	
,	FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CONTROL		
l,	PLOW DIAGRAM DESIGNATION(S) OF OTHER TITE OF CONTROL	EQUITALITY	
2:	GENERIC NAME OF "OTHER" EQUIPMENT: 3 MANUFACTURE	R: 4. MODEL NAME AND NUM	BER:
	•		
5,	DESCRIPTION AND SKETCH, WITH DIMENSIONS AND FLOW RATES,	, OF "OTHER" EQUIPMENT:	
		•	į
			1
			i
		e e	
	AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE	
6	FLOW RATES:	8. FLOW RATES:	
	GPM SCFM	GРМ	SCFM
7	EFFICIENCY OF "OTHER" EQUIPMENT (SEE INSTRUCTION 4):	9. EFFICIENCY OF "OTHER" EQUIPMENT (SEE INSTRU	
	%		%

				rage of
			EMISSION INFORMAT	ION
1. NUMBER OF ID	ENTICAL CON	TROL UNITS OR C	CONTROL SYSTEMS (DESCRIB	E AS REQUIRED):
			AVERAGE OPERATION	ON .
CONTAMINANT	CONCENT	RATION OR EMIS INTROL UNITS O	SION RATE PER IDENTICAL R CONTROL SYSTEM	METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	2a.	GR/SCF	b. LB/HR	C.
CARBON MONOXIDE	3a.	PPM (VOL)	b. LB/HR	C.
NITROGEN OXIDES	4a.	PPM (VOL)	b LB/HR	C.
ORGANIC MATERIAL	5a.	<30 (VOL)	b. LB/HR	c. Measured
SULFUR DIOXIDE	бв.	PPM (VOL)	b. LB/HR	C.
**OTHER (SPECIFY)	7a.	PPM (VOL)	b. LB/HR	C.
in the second		<u>รระจากรับเรียกรับการกำหนักเกิดขึ้นรับการการการที่สามารถการการกา</u>	MAXIMUM OPERATI	NO
CONTAMINANT			SION RATE PER IDENTICAL R CONTROL SYSTEM	METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	8a.	GR/SCF	b. LB/HR	c ,
CARBON MONOXIDE	9a.	PPM (VOL)	b. LB/HR	C.
NITROGEN OXIDES	10a.	PPM (VOL)	b. LB/HR	C.
ORGANIC MATERIAL	l la	<50 PPM (VOL)	b. LB/HR	c Measured
SULFUR DIOXIDE	12a.	PPM (VOL)	b. LB/HR	C:
**OTHER (SPECIFY)	13a.	PPM (VOL)	b. LB/HR	¢.

^{**&}quot;OTHER" CONTAMINANT SHOULD BE USED FOR AN AIR CONTAMINANT NOT SPECIFICALLY NAMED ABOVE. POSSIBLE OTHER CONTAMINANTS ARE ASBESTOS, BERYLLIUM, MERCURY, VINYL CHLORIDE, LEAD, ETC.

	EXHAUST POIN	TINFORMATION						
1	I. FLOW DIAGRAM DESIGNATION(S) OF EXHAUST POINT: Added AAT Sterilizer							
2.	2. DESCRIPTION OF EXHAUST POINT (LOCATION IN RELATION TO BUILDINGS, DIRECTION, HOODING, ETC.): Top of housing							
3.	EXIT HEIGHT ABOVE GRADE: 78"	4. EXIT DIAMETER: 14"						
5.	GREATEST HEIGHT OF NEARBY BUILDINGS: 30 ft	6. EXIT DISTANCE FROM NEAREST PLANT BOUNDARY: 100 ft						
	AVERAGE OPERATION	MAXIMUM OPERATION						
7	EXIT GAS TEMPERATURE: 68 of	9. EXIT GAS TEMPERATURE: 68*F						
8.	GAS FLOW RATE THROUGH EACH EXIT: 20,000 ACFM	10. GAS FLOW RATE THROUGH EACH EXIT 20,000 ACFM						

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF AIR POLLUTION CONTROL 1021 NORTH GRAND AVENUE, EAST SPRINGFIELD ILLINOIS 62702

1021 NORTH GRAND AVENU SPRINGFIELD, ILLINOIS (Page of quantum
* DATA AND INFORMATION		-
AIR POLLUTION CONTROL EQUIPMENT		

* THIS INFORMATION FORM IS TO BE COMPLETED FOR AN EMISSION SOURCE OTHER THAN A FUEL COMBUSTION EMISSION SOURCE OR AN INCINERATOR. A FUEL COMBUSTION EMISSION SOURCE IS A FURNACE, BOILER, OR SIMILAR EQUIPMENT USED PRIMARILY FOR PRODUCING HEAT OR POWER BY INDIRECT HEAT TRANSFER. AN INCINERATOR IS AN APPARATUS IN WHICH REFUSE IS BURNED.

I. NAME OF OWNER: Medline Industries	NAME OF CORPORATE DIVISION OR PLANT (IF DIFFERENT FROM OWNER):
STREET ADDRESS OF CONTROL EQUIPMENT: 1160 South Northpoint Boulevard	4. CITY OF CONTROL EQUIPMENT Waukegan IL 60085
5. NAME OF CONTROL EQUIPMENT OR CONTROL SYSTEM: AAT Safe- Cell Dry Bed Sterilizer	

INSTRUCTIONS

- I. COMPLETE THE ABOVE IDENTIFICATION SECTION.
- 2. COMPLETE THE APPROPRIATE SECTION FOR THE UNIT OF CONTROL EQUIPMENT, OR THE APPROPRIATE SECTIONS FOR THE CONTROL SYSTEM BE CERTAIN THAT THE ARRANGEMENT OF VARIOUS UNITS IN A CONTROL SYSTEM IS MADE CLEAR IN THE PROCESS FLOW DIAGRAM
- 3 COMPLETE PAGE 6 OF THIS FORM, EMISSION INFORMATION AND EXHAUST POINT INFORMATION.
- 4. EFFICIENCY VALUES SHOULD BE SUPPORTED WITH A DETAILED EXPLANATION OF THE METHOD OF CALCULATION, THE MANNER OF ESTIMATION, OR THE SOURCE OF INFORMATION. REFERENCE TO THIS FORM ANY RELEVANT INFORMATION OR EXPLANATION INCLUDED IN THIS PERMIT APPLICATION.
- 5. EFFICIENCY VALUES AND CERTAIN OTHER ITEMS OF INFORMATION ARE TO BE GIVEN FOR AVERAGE AND MAXIMUM OPERATION OR THE SOURCE EQUIPMENT. FOR EXAMPLE, "MAXIMUM EFFICIENCY" IS THE EFFICIENCY OF THE CONTROL EQUIPMENT WHEN THE SOURCE IS AT MAXIMUM OPERATION, AND "AVERAGE FLOW RATE" IS THE FLOW RATE INTO HE CONTROL EQUIPMENT WHEN THE SOURCE IS AT AVERAGE OPERATION.
- 6. FOR GENERAL INFORMATION REFER TO "GENERAL INSTRUCTIONS FOR PERMIT APPLICATIONS," APC-201.

DEFINITIONS

AVERAGE - THE VALUE THAT <u>SUMMARIZES</u> OR <u>REPRESENTS</u> THE <u>GENERAL CONDITION</u> OF THE <u>EMISSION SOURCE</u>, OR THE GENERAL STATE OF PRODUCTION OF THE EMISSION SOURCE SPECIFICALLY:

AVERAGE OPERATION - OPERATION TYPICAL OF THE PRECEDING TWELVE MONTH PERIOD, AS REPRESENTED BY AVERAGE OPERATING TIME AND AVERAGE RATES.

MAXIMUM - THE GREATEST VALUE <u>ATTAINABLE</u> OR <u>ATTAINED</u> FOR THE <u>EMISSION SOURCE</u>, OR THE PERIOD OF GREATEST OR UTMOST PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY:

MAXIMUM OPERATION - GREATEST EXPECTED OPERATION, AS REPRESENTED BY MAXIMUM OPERATING TIME AND MAXIMUM RATES.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

ADSORPTION UNIT FLOW DIAGRAM DESIGNATION(S) OF ADSORPTION UNIT. Sterilizer Dry Bed		rage of					
Sterilizer Dry Bed 2. MANUFACTURER: Advanced Air Technologies, Inc. 3. MODEL NAME AND NUMBER Safe- Cell II Model DR- 490A 4. ADSORBENT: Safe- Cell II Model DR- 490A 5. ADSORBATE(S): Ethylene Oxide 6. NUMBER OF BEDS PER UNIT: 8	ADSORPTION UNIT						
Advanced Air Technologies, Inc. Safe- Cell II Model DR- 490A 4. ADSORBENT: ACTIVATED CHARCOAL: TYPE SOTHER: SPECIFY 25SC2RE React 5. ADSORBATE(S) Ethylene Oxide 6. NUMBER OF BEDS PER UNIT: 8. DIMENSIONS OF BED. THICKNESS 18 x 2 bd IN, SURFACE AREA 2368 ea SQUARE IN 9. INLET GAS TEMPERATURE: 68	FLOW DIAGRAM DESIGNATION(S) OF ADSORPTION UNIT. Ster	lizer Dry Bed					
Contact of the conta							
Ethylene Oxide 6. NUMBER OF BEDS PER UNIT: 8	4. ADSORBENT: ACTIVATED CHARCOAL: TYPE (2)	OTHER: SPECIFY 25SC2RE React					
B DIMENSIONS OF BED THICKNESS 18 x 2 bd IN, SURFACE AREA 2368 68 SQUARE IN 9 INLET GAS TEMPERATURE: 68 "F 3 INCH H ₂ O GAUGE 11. TYPE OF REGENERATION: NETHOD OF REGENERATION: ALTERNATE USE OF BEDS IN A SINGLE UNIT SQUARE SOURCE SOURCE MAXIMUM OPERATION OF SOURCE MAXIMUM OPERATION OF SOURCE MAXIMUM OPERATION OF SOURCE MIN/BED 13. TIME ON LINE BEFORE REGENERATION: Varies MIN/BED 14. EFFICIENCY OF ABSORBER (SEE INSTRUCTION 4): 16. EFFICIENCY OF ABSORBER (SEE INSTRUCTION 4):	1						
THICKNESS 18 x 2 bd IN. SURFACE AREA 2368 68 SQUARE IN 9 INLET GAS TEMPERATURE: 68 "F 3 INCH H ₂ O GAUGE 11 TYPE OF REGENERATION: STEAM OTHER SPECIFY New replace 12 METHOD OF REGENERATION: ALTERNATE USE OF BEDS IN A SINGLE UNIT SOURCE SHUT DOWN OTHER DESCRIBE AVERAGE OPERATION OF SOURCE MAXIMUM OPERATION OF SOURCE 13 TIME ON LINE BEFORE REGENERATION: 15 TIME ON LINE BEFORE REGENERATION: Varies MIN/BED 14 EFFICIENCY OF ABSORBER (SEE INSTRUCTION 4): 16 EFFICIENCY OF ABSORBER (SEE INSTRUCTION 4):		TANA					
## 1)UARE IN					
REPLACEMENT STEAM STEAM OTHER: SPECIFY New replace	68 *F	1					
ALTERNATE USE OFENTIRE UNITSALTERNATE USE OFBEDS IN A SINGLE UNITSOURCE SHUT DOWNOTHERDESCRIBE		place					
13. TIME ON LINE BEFORE REGENERATION: Varies MIN/BED 14. EFFICIENCY OF ABSORBER (SEE INSTRUCTION 4): 15. TIME ON LINE BEFORE REGENERATION: Varies MIN/BED 16. EFFICIENCY OF ABSORBER (SEE INSTRUCTION 4):	ALTERNATE USE OF ENTIRE UNITS	ALTERNATE USE OFBEDS IN A SINGLE UNIT					
varies MIN/BED varies MIN/BED 14. EFFICIENCY OF ABSORBER (SEE INSTRUCTION 4): 16. EFFICIENCY OF ABSORBER (SEE INSTRUCTION 4):	AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE					
	varies MIN/BED	1					

	AFTER	BURN	ER	Alaway
1.	FLOW DIAGRAM DESIGNATION(S) OF AFTERBURNER;			
2	MANUFACTURER:	3.	MODEL NAME AND NUMBER:	
4	COMBUSTION CHAMBER DIMENSIONS			
	LENGTH IN, CROSS-SECTIONAL AREA	······································	_ SQUARE IN	
5.	INLET GAS TEMPERATURE:	7.	<u>FU</u> EL:	
	«F		GAS OIL SULFUR	WT%
6.	OPERATING TEMPERATURE OF COMBUSTION CHAMBER	8.	BURNERS PER AFTERBURNER	
	· *F	<u> </u>		BTU/HR EACH
9.	CATALYST USED:			
	NO YES: DESCRIBE CATALYST			
10.	HEAT EXCHANGER USED:			
	NO YES: DESCRIBE HEAT EXCHANGER		Ame	
	AVERAGE OPERATION OF SOURCE		MAXIMUM OPERATION	OF SOURCE
11.	GAS FLOW RATE:	13.	GAS FLOW RATE:	
	SCFM			SCFM
12.	EFFICIENCY OF AFTERBURNER (SEE INSTRUCTION 4):	14.	EFFICIENCY OF AFTERBURNER (SEE	
	%		A ZARONI WILLIAM	%

SCFM

%

10 EFFICIENCY OF CYCLONE (SEE INSTRUCTION 4):

EFFICIENCY OF CYCLONE (SEE INSTRUCTION 4):

SCFM

Ŷg

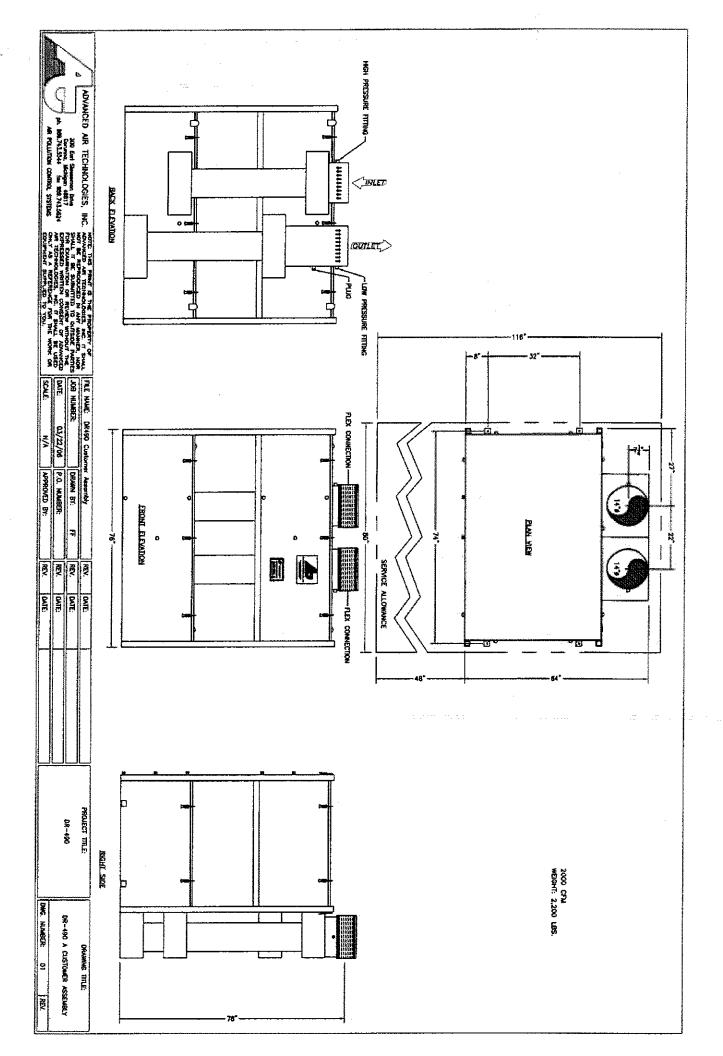
				mour nous mount and the second of the second	roe do policio Scimilla principali de la companya d	Page	of	
		COND	ENS	ER				
1.	FLOW DIAGRAM DESIGNATION(S) OF CO	ONDENSER:	***************************************					
2.	MANUFACTURER:	3. MODEL NAME AN	D NI	JMBER:	4. HEAT EXCHANGE	AREA:	FT²	
	AVERAGE OPERATION OF S	SOURCE	Ĭ	IXAM	MUM OPERATION OF SO	URCE	and the second s	
5.	COOLANT FLOW RATE PER CONDENSER	C.	10	COOLANT FLOW R	ATE PER CONDENSER	Quightead and a College on the property services and a		
	WATER GPM AIR SCFM OTHER: TYPE, FLOW RATE			WATER GPM AIR SCFM OTHER: TYPE, FLOW RATE				
6.	GAS FLOW RATE	SCFM		GAS FLOW RATE:			SCFM	
7.		TEMPERATURE ET*F OUTLET*F	12.	COOLANT TEMPER INLET*F OUT		EMPERATU F OU		
9.	EFFICIENCY OF CONDENSER (SEE INSTR	RUCTION 4):	14.	EFFICIENCY OF CO	NDENSER (SEE INSTRUC	CTION 4):	%	
			· · · ·	<u></u>				
		*ELECTRICAL	PRE	CIPITATOR	mpmontus (4 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 ,			
l.	FLOW DIAGRAM DESIGNATION(S) OF EL	ECTRICAL PRECIPITATOR						
2	MANUFACTURER		3.	MODEL NAME AND	NUMBER:			
4.	COLLECTING ELECTRODE AREA PER CO	NTROL DEVICE	L				FT²	
	AVERAGE OPERATION OF S	SOURCE		MAXI	MUM OPERATION OF SO	URCE		
5	GAS FLOW RATE.	SCFM	7	GAS FLOW RATE:			SCFM	
6.	EFFICIENCY OF ELECTRICAL PRECIPITA	TOR(SEE INSTRUCTION 4): 5%	8,	EFFICIENCY OF EL	ECTRICAL PRECIPITATO	R(SEE INST	FRUCTION 4):	
	SUBMIT THE MANUFACTURER'S SPECIFIC	ATIONS FOR THE ELECTRI	CAL	PRECIPITATOR REF	ERENCE THE INFORMAT	TION TO TH	IIS FORM.	
MI SP	ECTRICAL PRECIPITATORS VARY GREATI INIMUM AMOUNT OF INFORMATION. THE PECIFICATIONS, INCLUDING ANY DRAWIN PECIFICATIONS IS INSUFFICIENT FOR FULL	E APPLICANT MUST, HOWE IGS, TECHNICAL DOCUMEN	VER, VTS,	, SUBMIT WITH THIS ETC. IF THE INFORM	APPLICATION THE MAN IATION PROVIDED BY TI	IUFACTURE HE MANUF	ER'S ACTURER'S	
		FILTE	R UN	IT				
Ì.	FLOW DIAGRAM DESIGNATION(S) OF FIL	TER UNIT:						
2	MANUFACTURER	<u> </u>	3.	MODEL NAME AND	NUMBER:			
4.	FILTERING MATERIAL:	Marie Conference of	5.	FILTERING AREA	CONTRACTOR OF THE CONTRACTOR O		FT²	
6	CLEANING METHOD:					 		
	SHAKER REVERSE AIR PU			OTHER: SPECIFY	ACCORDANGE OF THE PROPERTY OF	·		
7.	GAS COOLING METHOD: DUCT WOR		FT., I	DIAM	IN			
Welnes Windows	BLEED-IN AIR WATER SPRAY		1					
t olooloo	AVERAGE OPERATION OF S	OURCE	Ļ		MUM OPERATION OF SO	URCE		
8.	GAS FLOW RATE (FROM SOURCE):	SCFM		GAS FLOW RATE (F			SCFM	
9.	GAS COOLING FLOW RATE: BLEED-IN AIR SCFM, WATER S	PRAY GPM			SCFM, WATER SPR	YAY	GPM	
10.	INLET GAS CONDITION	ės.	4	INLET GAS CONDIT				
13	TEMPERATURE "F DEWPOINT EFFICIENCY OF FILTER UNIT (SEE INSTRI		15		°F DEWPOINT TER UNIT (SEE INSTRUC			
1.1	LITTERET OF FILTER UNIT (SEE INSTR	OC ISON 45:	, J.	ECCICIENCY OF FIL	TEV OUT (SEE WOTKO)	. HON 4):	1	

	rage of
	SCRUBBER
FLOW DIAGRAM DESIGNATION(S) OF SCRUBBER:	
2. MANUFACTURER:	3. MODEL NAME AND NUMBER:
4. TYPE OF SCRUBBER:	MAII II O
HIGH ENERGY: GAS STEAM PRESSURE DROP	
PACKED: PACKING TYPEPACKING SIZE_	PACKING HEIGHT IN.
SPRAY: NUMBER OF NOZZLESNOZZLE PR	ESSURE PSIG
OTHER: SPECIFY ATTACH DESCRIPTION A 5. TYPE OF FLOW:	ND SKFTCH WITH DIMENSIONS
☐ COCURRENT ☐ COUNTERCURRENT ☐ CROSSFLOW	
SCRUBBER GEOMETRY: LENGTH IN DIRECTION OF GAS FLOW	SS-SECTIONAL AREA SOUARE IN
7. CHEMICAL COMPOSITION OF SCRUBBANT:	
AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
8. SCRUBBANT FLOW RATE:	12 SCRUBBANT FLOW RATE: PM GPM
9. GAS FLOW RATE:	13. GAS FLOW RATE:
	FM SCFM
10. INLET GAS TEMPERATURE:	14. INLET GAS TEMPERATURE:
11. EFFICIENCY OF SCRUBBER (SEE INSTRUCTION 4):	15 EFFICIENCY OF SCRUBBER (SEE INSTRUCTION 4):
% PARTICULATE% GASEOUS	% PARTICULATE % GASEOUS
OTHER TYPE	OF CONTROL EQUIPMENT
OTHER TYPE 1. FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CON	-
1. FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CON	TROL EQUIPMENT:
FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CON GENERIC NAME OF "OTHER" EQUIPMENT: 3 MANUFACE	TURER: 4. MODEL NAME AND NUMBER:
1. FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CON	TURER: 4. MODEL NAME AND NUMBER:
FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CON GENERIC NAME OF "OTHER" EQUIPMENT: 3 MANUFACE	TURER: 4. MODEL NAME AND NUMBER:
FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CON GENERIC NAME OF "OTHER" EQUIPMENT: 3 MANUFACE	TURER: 4. MODEL NAME AND NUMBER:
FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CON GENERIC NAME OF "OTHER" EQUIPMENT: 3 MANUFACE	TURER: 4. MODEL NAME AND NUMBER:
FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CON GENERIC NAME OF "OTHER" EQUIPMENT: 3 MANUFACE	TURER: 4. MODEL NAME AND NUMBER:
FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CON GENERIC NAME OF "OTHER" EQUIPMENT: 3 MANUFACE	TURER: 4. MODEL NAME AND NUMBER:
FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CON GENERIC NAME OF "OTHER" EQUIPMENT: 3 MANUFACE	TURER: 4. MODEL NAME AND NUMBER:
FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CON GENERIC NAME OF "OTHER" EQUIPMENT: 3 MANUFACE	TROL EQUIPMENT: 4. MODEL NAME AND NUMBER: ATES, OF "OTHER" EQUIPMENT:
FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CON GENERIC NAME OF "OTHER" EQUIPMENT: 3 MANUFACE	TROL EQUIPMENT: 4. MODEL NAME AND NUMBER: ATES, OF "OTHER" EQUIPMENT:
FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CON GENERIC NAME OF "OTHER" EQUIPMENT: 3 MANUFACE	TROL EQUIPMENT: 4. MODEL NAME AND NUMBER: ATES, OF "OTHER" EQUIPMENT:
FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CON GENERIC NAME OF "OTHER" EQUIPMENT: 3 MANUFACE	TROL EQUIPMENT: 4. MODEL NAME AND NUMBER: ATES, OF "OTHER" EQUIPMENT:
FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CON GENERIC NAME OF "OTHER" EQUIPMENT: 3 MANUFACE	TROL EQUIPMENT: 4. MODEL NAME AND NUMBER: ATES, OF "OTHER" EQUIPMENT:
FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CON GENERIC NAME OF "OTHER" EQUIPMENT: 3 MANUFACE	TROL EQUIPMENT: 4. MODEL NAME AND NUMBER: ATES, OF "OTHER" EQUIPMENT:
FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CON GENERIC NAME OF "OTHER" EQUIPMENT: 3 MANUFACE	TROL EQUIPMENT: 4. MODEL NAME AND NUMBER: ATES, OF "OTHER" EQUIPMENT:
FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CON GENERIC NAME OF "OTHER" EQUIPMENT: 3. MANUFAC DESCRIPTION AND SKETCH, WITH DIMENSIONS AND FLOW F	TROL EQUIPMENT: 4. MODEL NAME AND NUMBER: ATES, OF "OTHER" EQUIPMENT:
1. FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CON 2. GENERIC NAME OF "OTHER" EQUIPMENT: 3. MANUFAC 5. DESCRIPTION AND SKETCH, WITH DIMENSIONS AND FLOW F AVERAGE OPERATION OF SOURCE	TROL EQUIPMENT: 4. MODEL NAME AND NUMBER: ATES, OF "OTHER" EQUIPMENT: MAXIMUM OPERATION OF SOURCE
1. FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CON 2. GENERIC NAME OF "OTHER" EQUIPMENT: 3. MANUFAC 5. DESCRIPTION AND SKETCH, WITH DIMENSIONS AND FLOW F AVERAGE OPERATION OF SOURCE 6. FLOW RATES:	TROL EQUIPMENT: 4. MODEL NAME AND NUMBER: ATES, OF "OTHER" EQUIPMENT:

			rage of
		EMISSION INFORMAT	ION
I. NUMBER OF ID	ENTICAL CONTROL UNITS OR	CONTROL SYSTEMS (DESCRIBI	E AS REQUIRED):
		Approximation of the second of	
		AVERAGE OPERATIO	
CONTAMINANT	CONCENTRATION OR EM CONTROL UNITS	ISSION RATE PER IDENTICAL OR CONTROL SYSTEM	METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	2a. GR/SCF	b. LB/HR	C.
CARBON MONOXIDE	3a. PPM (VOL)	b. LB/HR	C.
NITROGEN OXIDES	4a PPM (VOL)	b. LB/HR	Ç.
ORGANIC MATERIAL	5a. PPM <30 (VOL)	b. LB/HR	^{c.} Measured
SULFUR DIOXIDE	6a. PPM (VOL)	b. LB/HR	C:
**OTHER (SPECIFY)	7a. PPM (VOL)	b. LB/HR	C
		MAXIMUM OPERATION	NC
CONTAMINANT		ISSION RATE PER IDENTICAL OR CONTROL SYSTEM	METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	8a. GR/SCF	b. LB/HR	C.
CARBON MONOXIDE	9a. PPM (VOL)	b. LB/HR	C:
NITROGEN OXIDES	10a. PPM (VOL)	b: LB/HR	C ,
ORGANIC MATERIAL	11a <50 PPM (VOL)	b. LB/HR	c. Measured
SULFUR DIOXIDE	12a. PPM (VOL)	b. LB/HR	C.
**OTHER SPECIFY)	13a. PPM (VOL)	b. LB/HR	C.

^{**&}quot;OTHER" CONTAMINANT SHOULD BE USED FOR AN AIR CONTAMINANT NOT SPECIFICALLY NAMED ABOVE POSSIBLE OTHER CONTAMINANTS ARE ASBESTOS, BERYLLIUM, MERCURY, VINYL CHLORIDE, LEAD, ETC.

		T INFORMATION
1	FLOW DIAGRAM DESIGNATION(S) OF EXHAUST POINT: AAT Ster	ilizer
2.	DESCRIPTION OF EXHAUST POINT (LOCATION IN RELATION TO BE Top of housing	JILDINGS, DIRECTION, HOODING, ETC.):
3	EXIT HEIGHT ABOVE GRADE: 78"	4 EXIT DIAMETER: 14"
5.	GREATEST HEIGHT OF NEARBY BUILDINGS: 30 ft	6 EXIT DISTANCE FROM NEAREST PLANT BOUNDARY: 100 ft
	AVERAGE OPERATION	MAXIMUM OPERATION
7.	EXIT GAS TEMPERATURE: 68 °F	9. EXIT GAS TEMPERATURE 68 °F
8.	GAS FLOW RATE THROUGH EACH EXIT: 16,000 ACFM	10. GAS FLOW RATE THROUGH EACH EXIT: 16,000 ACFM





Illinois Environmental Protection Agenc

Bureau of Air • 1021 North Grand Avenue East • P.O. Box 19506 • Springfield • Illinois • 62794-9506

FEE DETERMINATION FOR CONSTRUCTION PERMIT APPLICATION

	11 18% K.L N	Mon	and the same of th	ENCY USE ON	A		No ek
	ID Number	And the second s	*		<u> </u>		anchood
	Compl Check Nur		p	Date Complete: Account Name:	· · · · · · · · · · · · · · · · · · ·	00000000	4 Clusto
	Oneok 1401		· · · · · · · · · · · · · · · · · · ·	CCOUNT Name.			
ap Er	plication must incl vironmental Prote	ed to supply fee infude payment in full ction Agency, Divis (197-INST) for ass	to be deemed con sion of Air Pollution	nplete. Make che	ck or money order	payable (
Sc	ource information	on					
	Source Name:		(Waukegan), Divi				
	Project Name:	Improvement Proj	ect		Source ID #: (if ap		
4,	Contact Name:	Jasper Titus		5. (Contact Phone #	(847) 8	37 2784
Fε	e Determinatio	n					
6.	The boxes below	are automatically o	calculated.				
	Section 1 Subtota	al \$0.00	+ Section 2, 3	3 or 4 Subtotal	\$500.00	_ =	\$500.00
Se	ection 1: Status	of Source/Purp	nge of Suhmitta	ı			Grand Total
	Your application v	will fall under only of able sections. For	ne of the following	five categories de	escribed below. C	heck the I	oox that applies.
		urce is a source th			rmit.		
			•	,		permit to	evoid CAAPP permit
	requireme	ents (e.g.,FESOP).		·			·
	-	or Source is a soul					
		without status char Proceed to Section		change from synth	etic minor to majo	or source	
	Existing non-ma	jor source that will	become synthetic	minor to major so	urce. Proceed to	Section 4	
	New major or sy	nthetic minor sour	ce. Proceed to Se	ction 4.			\$0.00
	New non-major	source. Proceed to	o Section 3.				Section 1 Subtotal
	agency error an	OR. If this is a time d if the request is n Skip Sections 2, 3	eceived within the	deadline for a per	mit appeal to the F		
ap	plication being denle	ed to require and you d and penalties under d by the forms manag	r 415 ILCS 5 ET SEC				
Se	ction 2: Special	Case Filing Fee	3				
		e application only 4 and proceed di					priate boxes, skip as appropriate.
	Addition of	or replacement of	control devices	on permitted uni	ts.		•
	☐ Pilot proje	ects/trial burns by	a permitted unit				
	_	ediation projects	•				\$500.00
	Revisions	related to metho	dology or timing	for emission tes	sting		
		ministrative-type			-		
	332-2776 7-FEE Rev. 1/2012		Application Page	e			Page 1 of 2

Page 1 of 2

Section 3: Fees for Current or Projected Non-Major Sources

- This application consists of a single new emission unit or no more than two modified emission units. (\$500 fee)
- This application consists of more than one new emission unit or more than two modified units. (\$1,000 fee)
- This application consists of a new source or emission unit subject to Section 39.2 of the Act (i.e., Local Siting Review); a commercial incinerator or a municipal waste, hazardous waste, or waste tire incinerator; a commercial power generator; or an emission unit designated as a complex source by agency rulemaking. (\$15,000 fee)
- 12. A public hearing is held (see instructions). (\$10,000 fee)

13. Section 3 subtotal. (lines 9 through 12 - entered on page 1)

13. \$0.00

Page 2 of 2

Section 4: Fees for Current or Projected Major or Synthetic Minor Sources

APastina anatina	14. For the first modified emission unit, enter \$2,000.		
Application contains modified emission units only	15. Number of additional modified emission units = x \$1,000.		
	16. Line 14 plus line 15, or \$5,000, whichever is less.	16.	\$0.00
Application contains	17. For the first new emission unit, enter \$4,000.		
new and/or modified emission units	Number of additional new and/or modified emission units = x \$1,000.		
	19. Line 17 plus line 18, or \$10,000, whichever is less.	19.	\$0.00
Application contains netting exercise	Number of individual pollutants that rely on a netting exercise or contemporaneous emissions decrease to avoid application of PSD or nonattainment area NSR = x \$3,000.	20	\$0.00
	21. If the new source or emission unit is subject to Section 39.2 of the Act (i.e. siting); a commercial incinerator or other municipal waste, hazardous waste, or waste tire incinerator; a commercial power generator; or one or more other emission units designated as a complex source by Agency rulemaking, enter \$25,000.		
Additional Supplemental	22. If the source is a new major source subject to PSD, enter \$12,000.		
Fees	23. If the project is a major modification subject to PSD, enter \$6,000.		
	 If this is a new major source subject to nonattainment area (NAA) NSR, enter \$20,000. 		
	25. If this is a major modification subject to NAA NSR, enter \$12,000.		
	26. If the application involves a determination of MACT for a pollutant and the project is not subject to BACT or LAER for the related pollutant under PSD or NSR (e.g., VOM for organic HAP), enter \$5,000 per unit for which a determination is requested or otherwise required. x \$5,000.	26	\$0.00
	27. If a public hearing is held (see instructions), enter \$10,000.		
28. Section 4 subtota	l (line 16 and lines 19 through 28) to be entered on page1	28.	\$0.00

Section 5: Certification

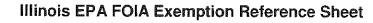
NOTE: Applications without a signed certification will be deemed incomplete.

	 I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the information form is true, accurate and complete. 				
b	oy: Jagoer Boters	Director, Environmental Health & Safety			
	Signature	Title of Signatory			
	Jasper Titus	Feb 6, 2019			
	Typed or Printed Name of Signatory	Date			

197-FEE	Application Page
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26164





Agency ID: 170000103572

Media File Type: AIR

Bureau ID: 097190AFG

Site Name: Medline Industries Inc Northpoint Services Div

Site Address1: 1160 S Northpoint Blvd

Site Address2:

Site City: Waukegan

State: IL

Zip: 60085-6757

This record has been determined to be partially or wholly exempt from public disclosure

Exemption Type:

Portion Removed

Exempt Doc #: 4

Document Date: 2/14/2019

Staff: MED

Document Description: CONTROL FOR NEGATIVE PRESSURE DIAGRAM AND NARRATIVE

PAGES 27-30

Category ID: 03M

Category Description:

AIR PERMIT - CONSTRUCTION/JOINT

Exempt Type: Portion Removed

Permit ID:

Date of Determination:

2/26/2019





FEB 1 4 2019



Illinois Environmental Protection Agency Division Of Air Pollution Control - Permit Section P.O. Box 19506 Springfield, Illinois 62794-9506

Environmental Protection Agency

Construction Permit Application For a FESOP Source (FORM APC628)			21	For Illinois EPA use only		
			_ [BOA ID No.:		
				Application No		
(FOI			Date Received	:		
This form is to be used to supply in State Operating Permit (FESOP) of information must accompany this f	r Synthetic Minor sou	urce, includir	ne construction of a	a new FESOP sou	rce. Other necessary	
ar om experiences (Next or or a justice) in ord		posed	and the second s	reulge wind und Garely		
1. Working Name of Propos	sed Project:					
Medline Industries (Wau	kegan), Division	of Northp	oint Serviecs, I	mprovement P	roject	
2. Is the project occurring a ☐ No ☒ Yes If	t a source that a Yes, provide BC	iready has OA ID Num	s a permit from nber: 097190	the Bureau of AFG	Air (BOA)?	
3. Does this application rec					by the BOA?	
⊠ No ☐ Yes If	Yes, provide Pe	rmit Numb	oer:			
Does this application req FESOP issued by the B	OA?			s be incorporat	ed into an existing	
⊠ No ☐ Yes If	Yes, provide Pe	rmit Numt	oer:			
	ertinistra (N. A. a. 1901)			ustizie de marchiales		
	30u	rce mo	rmation	Statement in the Color	Philippe Communication Control (Control Control Contro	
Source name:* Medline Industries						
Source street address:* 1160 South Northpoint E	oulevard					
7. City: Waukegan	8. Count	y: Lake		9. Zip code:	60085	
ONLY COMPLETE THE FOLLOWING FOR A SOURCE WITHOUT AN ID NUMBER.						
10. Is the source located within city limits?						
11. Description of source and product(s) produced:			12. Primary Classification Code of source: SIC: or NAICS:			
13. Latitude (DD:MM:SS.SSSS):			14. Longitude (DD:MM:SS.SSSS):			
* If this information different than previous information, then complete a new Form 200-CAAPP to change the source name in initial FESOP application for the source or Form APC-620 for Air Permit Name and/or Ownership Change if the FESOP has been previously issued.						
Applicant Information						
15. Who is the applicant?		6. All corr	respondence to			
				perator 🔲	Source	
17. Applicant's FEIN: 18. Attention name and/or title for written correspondent				ondence:		
36-2596612	HS					

		August Interp	nations					
19.	Owner Information* 19. Name: Medline Industries							
20.	20. Address: Three Lakes Drive							
21.	City: Northfield	22. State: Illinois		23. Zip co	de: 60093			
CA	* If this information different than previous information, then complete Form 272-CAAPP for a Request for Ownership Change for CAAPP Permit for an initial FESOP application for the source or Form APC-620 for Air Permit Name and/or Ownership Change if the FESOP has been previously issued.							
	Operator	Information (If Di	fferent from	n Owner)				
	Name							
25.	Address:							
26.	City:	27. State:	- Inches	28. Zip coo	Je;			
FES	his information different than previous OP application for the source or Forn riously issued.							
PAGE.	ar i de la Terre	hnical Contacts I	or Applica	tion				
29.	Preferred technical contact:	(check one) 🗵 Ap	plicant's conta	act 🔲 C	onsultant			
30.	Applicant's technical contact	person for application:	<u> </u>					
	Jasper Titus							
31.	Contact person's telephone r	number	32. Contact	person's em	ail address:			
	(847) 837 2784 jtitus@medline.			ne.com				
33.	Applicant's consultant for application:							
	Uday Singh							
34.	. Consultant's telephone number: 35. Consultant usingh0948@g							
W. J.								
jak.		ew Of Contents of	***************************************	ation				
36.	Is the emission unit covered I	by this application aire	ady	☐ Ye	s 🔀 No			
	constructed? If "yes", provide the date construction was completed:							
Note: The Illinois EPA is unable to issue a construction permit for a emission unit that has already been constructed.								
	7. Does the application include a narrative description of the proposed project?			M Ye	s 🗌 No			
	. Does the application contain a list or summary that clearly identifies the emission units and air pollution control equipment that are part of the project?			t Mre	s 🗌 No			
39.	showing new and modified er	bes the application include process flow diagram(s) for the project owing new and modified emission units and control equipment direlated existing equipment and their relationships?			s 🗌 No			
40.	If the project is at a source the permit from the BOA, does the description, plot plan and site	at has not previously re e application include a	eceived a	☐ Ye	s 🗵 No			

Review Of Contents of the Application (c	ontinued)
41. Does the application include relevant information for the proposed project as requested on Illinois EPA, BOA application forms (or otherwise contain all the relevant information)?	⊠ Yes □ No
 42. Does the application identify and address all applicable or potentially applicable emissions standards, including: a. State emission standards (35 IAC Chapter I, Subtitle B); b. Federal New Source Performance Standards (40 CFR Part 60); c. Federal standards for HAPs (40 CFR Parts 61 and 63)? 	⊠ Yes □ No
43. Does the application address whether the proposed project or the source could be a major project for Prevention of Significant Deterioration (PSD), 40 CFR 52.21?	☐ Yes ☐ No . 🗷 N/A
44. Does the application address for which pollutant(s) the proposed project or the source could be a major project for PSD, 40 CFR 52.21?	☐ Yes ☐ No . ☒ N/A
45. Does the application address whether the proposed project or the source could be a major project for "Nonattainment New Source Review," (NA NSR), 35 IAC Part 203?	☐ Yes ☐ No ☒ N/A
46. Does the application address for which pollutant(s) the proposed project or the source could be a major project for NA NSR, 35 IAC Part 203?	☐ Yes ☐ No ☒ N/A
47. Does the application address whether the proposed project or the source could potentially be subject to federal Maximum Achievable Control Technology (MACT) standard under 40 CFR Part 63 for Hazardous Air Pollutants (HAP) and identify the standard that could be applicable?	☐ Yes ☐ No ☒ N/A* * Source not major ☒ Project not major ☒
48. Does the application identify the HAP(s) from the proposed project or the source that would trigger the applicability of a MACT standard under 40 CFR Part 63?	☐ Yes ☐ No 区 N/A
49. Does the application include a summary of the current and the future potential emissions of the source after the proposed project has been completed for each criteria air pollutant and/or HAP (tons/year)?	Yes No No N/A* * Applicability of PSD, NA NSR or 40 CFR 63 not applicable to the source's emissions.
50. Does the application include a summary of the requested permitted annual emissions of the proposed project for the new and modified emission units (tons/year)?	Yes No No N/A* * Project does not involve an increase in emissions from new or modified emission units.
51. Does the application include a summary of the requested permitted production, throughput, fuel, or raw material usage limits that correspond to the annual emissions limits of the proposed project for the new and modified emission units?	Yes No No N/A* * Project does not involve an increase in emissions from new or modified emission units.
52. Does the application include sample calculations or methodology for the emission estimations and the requested emission limits?	☐ Yes ☒ No
53. Does the application address the relationships with and implications of the proposed project for the source's FESOP?	Yes □ No □ N/A* *FESOP not yet issued.
54. If the application contains information that is considered a TRADE SECRET, has such information been properly marked and claimed and other requirements to perfect such a claim been satisfied in accordance with 35 IAC Part 130?	Yes No No N/A* No information in the application is daimed to be a TRADE SECRET
Note: "Claimed information will not be legatly protected from disclosure to the public if it is not properly claimed or does not qualify as trade secret information.	

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Review Of Contents of the A	oplication (continu	(eq) =				
55. If the source is located in a county other than Cook separate copies of this application being submitted?	County, are two 🛛 Y	es 🗌 No				
56. If the source is located in Cook County, are three se of this application being submitted?	ا بـــ	es 🗌 No				
57. Does the application include a completed "FEE DET FOR CONSTRUCTION PERMIT APPLICATION," For for the emission units and control equipment for which construction or modification is being sought?	orm 197-FEE, 🔼 '	es 🗌 No				
58. Does the application include a check in the proper a payment of the Construction permit fee?	mount for 🗵 Y	es 🗌 No				
Note: Answering "No" to Items 36 through 58 may result in the application being deemed incomplete.						
Signature B	lock					
Pursuant to 35 IAC 201.159, all applications and supplements thereto shall be signed by the owner and operator of the source, or their authorized agent, and shall be accompanied by evidence of authority to sign the application. Applications without a signed certification will be deemed incomplete.						
59. Authorized Signature:						
I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate and complete and that I am a responsible official for the source, as defined by Section 39.5(1) of the Environmental Protection Act. In addition, the technical contact person identified above is authorized to submit (by hard copy and/or by electronic copy) any supplemental information related to this application that may be requested by the Illinois EPA.						
BY: Jasper Xitis	Director EHS	on general progress of the Control of Contro				
AUTHORIZED SIGNATURE	TITLE OF	SIGNATORY				
Jasper Titus	February	y 6, 2019 <u> </u>				
TYPED OR PRINTED NAME OF SIGNATORY	ATE					

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